

CLAIMS ONLY							Application Number D91993596	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	<u> </u>							
2	<u> </u>							
3								
4								
5								
6								
7								
8								
9								
10								
11								
12	<u> </u>							
13								
14	<u> </u>							
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28	A							
29								
30								
31								
32								
33								
34								
35								
36								
37	V							
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
Total Indep	5							
Total Depend	41							
Total Claims	46							

10
56

BEST AVAILABLE COPY